Bromide of Ethyl.—The following are the conclusions deduced by MM. Bourneville and H. d'Olier from a series of researches on the physiological and therapeutic effects of bromide of ethyl, published in the *Progrès Médical*, March 28th.

1. The pupillary dilatation at the beginning of the inhalation of bromide of ethyl is not at all constant.
2. Complete muscular resolution is the exception.
3. The anæsthesia produced varies to a large degree in different subjects.
4. The temperature, the secretions, and the general condition appear to undergo no modifications.
5. The pulse and the respiration are slightly accelerated.
6. A tremor, more or less pronounced, of the members may be produced during the inhalation, but it does not persist beyond this.
7. Hysterical attacks are generally easily arrested by the bromide of ethyl.
8. Epileptic attacks may sometimes be cut short by giving the drug during the tonic period, but more frequently the inhalations are ineffectual.
9. In epilepsy the regular employment of bromide of ethyl, administered in daily inhalations during a period of two months, notably diminished the frequency of the attacks.

Anæsthetics.—At the session of the Société de Biologie, February 26th (reported in *Le Progrès Médical*), M. P. Bert announced the results of experimentation with various anæsthetics on dogs, squirrels, etc., which are noteworthy. The anæsthetics employed were ether, chloroform, amylene, chloride of methyl, and bromide of ethyl. The method of experimentation was as follows: The dog being tracheotomized, he introduced into the canula the short branch of a Y tube. The two equal branches are furnished with two *soupapes*, opening in the opposite direction; by the one enters air containing a known quantity of anæsthetic vapor, and through the other departs the product of expiration. He found that with the same quantity of pure air, say one hundred litres, and with animals of the same species, whatever their size or strength, the weight of the anæsthetic liquid, the vapor of which is mixed with one hundred litres of air, is always the same at the moment when anæsthetic sleep appears, and at the moment when death occurs the amount of the anæsthetic has reached another fixed amount; in a word, that the *zone maniable* in a given quantity of air is fixed for each anæsthetic. In the dog, 37 grains of ether are needed for each 100 litres of air to cause anæsthesia, and 74 grains to cause death ; if chloroform is employed, the figures are 15 and 30 grains; if amylene, 30 and 55 grains; if bromide of ethyl, 22 and 45 grains ; and if the gas chloride of methyl, 21 and 42 cubic centimetres are required for 100 cubic centimetres of air. It follows from this that the *zone maniable* varies from the single to the double to cause anæsthesia or death.

In the usual method of inducing anæsthesia with the saturated compress or the sponge, we always play, so to speak, with a mortal dose. When we bring the compress from 3 to 6 centimetres of the face the result just varies between the single and the double. How much better to so regulate the operation as to administer a dose corresponding to the medium figure of the *zone maniable*. In the dog, if we give at once 45 grains of ether, inspired in 100 litres of pure air, anæsthesia is produced at once without accident, and the sleep lasts for a long time. It is, therefore, not necessary to say that 30 or 50 grains of an anæsthetic were used during an operation ; these figures signify absolutely nothing, since it is not the absolute quantity that is important, but the tension of the vapor of the anæsthetic in the inspired air, and consequently the quantity contained in the blood.

The practical application of the above is clear. If the limits of the *zone maniable* of an anæsthetic be known for man, it will be enough to lay aside all fears of asphyxia, and to cause to be inspired a mixture perfectly adapted and prepared in advance in any recipient whatever.

PHOSPHIDE OF ZINC IN LOCOMOTOR ATAXY.—Dr. Hastings Burroughs (*Medical Press and Circular*, February 9, 1881) gives this drug in one-eighth-grain pills, one a day for a week, and then two daily, and so on up to five. He has treated his cases successfully thus far. *Phila. Med. Times*, March 12th.

ALCOHOL.—Dr. M. Dumouly, *Brochure*, Paris, 1880, from experiments performed under the inspiration of MM. Sée and Bochefontaine, at the laboratory of the medical clinic of the Hotel Dieu (abstr. in *La France Médicale*), concludes that alcohol in small doses aids digestion, while in larger quantity it hinders it. It is not an aliment but a *substance d'épargne*, a waste-